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CONFIRMATION NO. 2533

Bib Data Sheet

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|--|---|--|---|---|------------------------------------|
| SERIAL NUMBER 10/527,460 | FILING OR 371(c) DATE 03/11/2005 RULE | CLASS 604 | GROUP ART UNIT 3762 | ATTORNEY DOCKET NO. P70415US0 | |
| APPLICANTS Josef Beden, Mainz-Kastel, GERMANY; Joachim Manke, Lohnberg, GERMANY; | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/EP03/08000 07/22/2003 | | | | | |
| ** FOREIGN APPLICATIONS ***** GERMANY 102 42 008.4 09/11/2002 GERMANY 102 45 619.4 09/30/2002 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY GERMANY | SHEETS DRAWING 1 | TOTAL CLAIMS 11 | INDEPENDENT CLAIMS 3 |
| ADDRESS 136 | | | | | |
| TITLE Method for returning blood from a blood treatment device, and device for carrying out this method | | | | | |
| FILING FEE RECEIVED 1030 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |